

SUMMARY SHEET  
BOARD OF HEALTH AND ENVIRONMENTAL CONTROL  
May 8, 2014

         ACTION/DECISION

  X   INFORMATION

- I. TITLE: Administrative Orders, Consent Orders, and Sanction Letters issued by HEALTH REGULATION (HR).
- II. SUBJECT: Sanctions completed during the period February 1, 2014, through March 31, 2014.
- III. FACT: For the period February 1, 2014, through March 31, 2014, Health Regulation is reporting six (6) Consent Orders, with total penalties of \$34,174.00.

Program	Consent Orders	Administrative Orders	Emergency Suspension Orders	Amount
Health Licensing	4			\$27,500
Radiological Health	2			\$6,674

- IV. ANALYSIS: Colleton Courtyard, 210 Academy Road, Walterboro, SC 29488-9208. By Consent Order, executed on February 7, 2014, the Department imposed a monetary penalty in the amount of \$4,000. The executed Consent Order required Colleton Courtyard to pay \$1,200 of the imposed \$4,000 monetary penalty. The remainder of the assessed penalty (\$2,800) was held in abeyance pending Colleton Courtyard remaining in substantial compliance with R. 61-84 and the Consent Order for twelve months following the execution of the Consent Order. The sanction was imposed against Colleton Courtyard due to new and repeat violations of Regulation 61-84, Standards for Licensing Community Residential Care Facilities. New and repeat violations included: failure to ensure fire protection and suppression system were properly maintained and tested (fire alarm, sprinkler fire extinguishers, and hood suppression); failure to maintain the facility's structure and its component parts/equipment in good working condition; failure to properly and securely store oxygen gas cylinders; failure to have documentation available for review showing that the facility's electrical system had been inspected at least annually by a licensed electrician, registered engineer, or certified building inspector; and, failure to have documentation showing that the facility's HVAC system had been inspected at least annually by a certified/licensed technician. Department representatives held a compliance

assistance meeting with Colleton Courtyard on March 28, 2014. Facility management met with DHEC staff and discussed in detail the violations and corrective actions required. The facility will be re-inspected within thirty to forty-five days following the compliance assistance meeting to determine level of compliance.

Previous Sanctions: None

Radiological Health Physics Consultants, Inc., 501 Stonegate Lane, Winston-Salem, NC 27104. By Consent Order executed on February 6, 2014, the Department imposed a monetary penalty in the amount of \$4,674. The executed Consent Order required Radiological Health Physics Consultants, Inc. to pay \$2,337 of the imposed penalty. The remainder of the penalty (\$2,337) was held in abeyance pending an eighteen month period of compliance. The sanction was imposed against Radiological Health Physics Consultants, Inc. due to failure to conduct equipment performance tests in accordance with regulatory requirements; failure to adhere to manufacturer's specifications in the evaluation of a quality control program; failure to identify deficiencies and recommend corrective action in a mammography medical physicist survey; failure to complete an adequate radiation survey; and failure to verify shielding plan acceptance prior to performing a radiation area survey (Regulation 61-64, X-Ray/Title B). Radiological Health Physics Consultants, Inc. submitted a satisfactory Plan of Correction dated February 6, 2014. The Department will evaluate compliance with Regulation 61-64, X-Ray/Title B with additional inspections.

Previous Sanctions: None

PF Florence LLC dba Planet Fitness, 2600-D, David McLeod Blvd., Florence, SC 29501. By Consent Order executed on February 17, 2014, the Department imposed a monetary penalty in the amount of \$2,000. The executed Consent Order required Planet Fitness to pay \$500 of the imposed penalty. The Sanction was imposed against Planet Fitness due to failure to meet the sanitation requirements for tanning related equipment, as required in Regulation 61-106, Tanning Facilities. The Department received written complaints stating that employees of Planet Fitness were requiring customers to clean the tanning equipment before use. The complaints also stated that the facility had signs posted that stated "Please wipe down ALL areas of the equipment. Thank you, Planet Fitness." Regulation 61-106 specifies that a tanning bed operator shall not require a consumer to sanitize the equipment nor post any signs requesting such sanitation.

Previous Sanctions: None

Jacqueline Kushner, LMW – 0056, 7932 Honey Fig Road, Charlotte, NC 28277. By Consent Order, executed on March 7, 2014, the Department

imposed a six (6) month suspension (until March 1, 2014) with time served pursuant to an Emergency Suspension Order, executed on September 2, 2013. The Consent Order also included a term which imposed an additional six (6) months suspension which will be stayed upon compliance with a one (1) year period of probation commencing on March 1, 2014, the conditions of which include mandatory supervision by a licensed midwife and completion of training modules that are available through the Association of Women's Health, Obstetric and Neonatal Nurses: Fetal Heart Rate Auscultation, 2<sup>nd</sup> Edition. The sanction was imposed against Jacqueline Kushner due to findings by the Department during an investigation on September 2, 2013. The Department determined that Ms. Kushner failed to recognize the warning signs of abnormal and potentially abnormal conditions necessitating referral to a physician and failed in her duty to consult with a physician when significant abnormal deviations occurred during labor, in violation of Regulation 61-24, *Licensing Midwives*.

Previous Sanctions: None

Pamela Wilson, LMW – 0051, 14717 Bridle Trace Lane, Pineville, NC 28134. By Consent Order, executed on March 14, 2014, the Department imposed a six (6) month suspension (until March 1, 2014) with time served pursuant to an Emergency Suspension Order, executed on September 2, 2013. The Consent Order also included a term which imposed an additional three (3) months suspension which will be stayed upon compliance with a six (6) month period of probation commencing on March 1, 2014, the conditions of which include mandatory supervision by a licensed midwife and completion of training modules that are available through the Association of Women's Health, Obstetric and Neonatal Nurses: Fetal Heart Rate Auscultation, 2<sup>nd</sup> Edition. The sanction was imposed against Pamela Wilson due to findings by the Department during an investigation on September 2, 2013. The Department determined that Ms. Wilson failed to recognize the warning signs of abnormal and potentially abnormal conditions necessitating referral to a physician and failed to consult with a physician when significant abnormal deviations occurred during labor, in violation of Regulation 61-24, *Licensing Midwives*.

Previous Sanctions: None

Phaire's Care at Katura Springs, 12488 Old Number Six Highway, Eutawville, SC 29048. By Consent Order executed on March 21, 2014, the Department imposed a \$23,500 monetary penalty. The terms of the Consent Order required Phaire's to pay \$4,800 of the imposed civil penalty in twelve monthly installments of \$400. The remaining \$18,700 of the penalty is being held in abeyance pending Phaire's remaining in substantial compliance with Regulation 61-84, *Standards for Licensing Community Residential Care Facilities*, and the Consent Order for twelve (12) months following execution



of the Order. Additional terms of the Consent Order require Phaire's to correct the violations that initiated the Department's enforcement action; and to schedule and attend a compliance assistance meeting with Department representatives within 45 days of execution of the Consent Order.

The sanction was imposed against Phaire's Care at Katura Springs ("Phaire's") due to new and repeat violations of *Standards for Licensing Community Residential Care Facilities*: 7 S.C. Code Ann. Regulation 61-84 (2012). Deficiencies included: failing to have written policies and procedures available for review that addressed all sections of Regulation 61-84. Those policies and procedures that were available for review failed to address resident care, residents' rights and the operation of the Facility. Additionally, the Facility failed to establish a time-period for review of its policies and procedures; failed to have documentation of basic first-aid training for staff before initial resident contact; failed to have current annual first-aid training for staff members available for review; failed to have documentation of contagious/communicable disease training before resident contact and lacked current annual contagious/communicable disease training for staff members available for review; failed to have documentation of medication management training before resident contact and lacked current annual medication management training for staff members available for review; failed to have documentation of specific personal care training (dependent on the type specific physical/mental condition of the residents) before resident contact and lacked current annual specific personal care training for staff members available for review; failed to have documentation of confidentiality training before resident contact and lacked current annual confidentiality training for staff members available for review; failed to have documentation of fire response training within 24 hours of staff members' first day on the job and lacked current annual fire response training for staff members available for review; failed to have documentation of emergency procedures/disaster preparedness training within 24 hours of staff members' first day on the job and lacked current annual emergency procedures/disaster preparedness training for staff members available for review; failed to ensure residents' Individual Care Plans (ICPs) addressed the diet prescribed by their physician or other healthcare provider; failed to have documentation of residents' physical examinations conducted within thirty days prior to admission to the Facility and current annual physical examinations for residents available for review; failed to have documentation available for review of a PPD test (Tuberculosis) conducted within one month of admission for residents admitted to the Facility from other licensed CRCFs; failed to have residents' physician-ordered medications available for administration and for having expired medications and medical supplies stored in the medication room and first aid kit; failed to ensure that residents' physician-ordered medications were listed on Medication Administration Records (MARs) and lacked documentation of the administration of residents' medication on the MARs; failed to have documentation of orders from a physician or other healthcare provider that authorized residents to

store and self-administer medications; failed to ensure that a documented review of residents' medication administration records was conducted at each shift change by outgoing and incoming staff; failed to maintain records of the accurate disposition of residents' controlled medications to enable an accurate reconciliation; failed to have documentation for the destruction of residents' medications; failed to ensure that foods being served to residents were fit for consumption and protected from contamination; failed to ensure that equipment and utensils used in the preparation of foods were adequately cleaned, sanitized, and stored in such a manner as to protect them from contamination; failed to maintain the Facility's structure and its component parts/equipment in good working condition; failed to ensure the Facility and its grounds were maintained free of vermin and/or offensive odors; failed to maintain each specific area of the Facility in a clean and neat condition; and, failed to ensure that harmful toxic agents and cleaning materials were stored in a secured manner not accessible to residents.

Previous Sanctions: None

Approved By:



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Jamie Shuster  
Director of Public Health